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Theology of "Person" with a Focus on Mental Health

Gyeong Kim and Allen Jorgenson¹

In considering "mental health" as a beginning point for a theological anthropology, it should first be noted that "mental" shares the etymology of "mind," with both finding their footing in the Latin *mens*. This word admits a variety of meanings, including but not restricted to reasoning, conscience, feeling, etc. Consequently, it would be mistaken to think of "mental" health too narrowly, a point taken up by Aquinas who, after Aristotle, reminded us that all knowing occurs by a *conversion ad phantasmata*, that is a turn to sense appearances.² All knowing, then, is informed by our bodily and social realities. Additionally, from a Christian perspective, the Greek root for salvation, *sozo*, can be understood as healing and salvation both. The two words, together, point to a broad cluster of experiences and concepts, which point to mental well-being as that which is holistic.

In what follows, we explore what being human is, taking leave from a Lutheran perspective. After this, we outline some of the challenges around being human in the current Canadian context, with especial attention to the realities of mental illness. A case study exploring this, by way of a documentary film, is then presented, which illumines certain social dimensions of being human in the modality of suffering. In conclusion, a theology of the person is explored, underscoring hope as marker of mental health, which remains an especially pertinent theme for theological reflection.

Luther on "Being Human"

It is not altogether surprising that the theme of being human is, for Luther, linked to justification, the state of being declared and made right in our relationship with God, and so the self, the neighbour, and the world. In "The Disputation Concerning [the Human] (1536)" Luther writes:

Paul in Romans 3 [writes] "We hold that a [person] is justified by faith apart from works,' briefly sums up the definition of [humanity], saying '[humanity] is justified by faith'."³

In the first instance, this definition turns upon Luther's conviction that the original righteousness – seen by Anselm among others, as what was lost in Genesis Chapter 3 – was not to be identified with a supra-natural addition to the human but as constitutive of being human as being in right relationship with God and all reality, the very description of justification. The primal pair *believed* God and this belief was their original righteousness.⁴

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² Thomas Aquinas, *Summa Theologica: Volume One*, trans. Fathers of the English Dominican Province (New York: Benziger Brothers, 1948): 429-30 (I.84.7).

³ For the present work we will reference Martin Luther, *Luther's Works*, eds. Jaroslav Pelikan and Helmut Lehmann (St. Louis: Concordia; Philadelphia: Muhlenberg Press and Fortress Press, 1957-1967). Hereafter, volumes from this collection will be cited as LW Volume, Page. For the present quotation cf. LW 34, 139.

⁴ LW 1, 165.

Belief, or faith, is not first a fix to a problem but a description of being in right relationship with God and so an existential of being human seen even in the primal pair. For this reason, in the “Disputation Concerning Man” (1536) he writes that the human “in this life is the simple material of God for the form of his future life.”⁵ This seemingly obtuse phrase – characteristic of the genre of the disputation – points to something not so very complicated, but still profound. It recollects the Aristotelian distinction between form and content, captured in Aquinas’ definition of the soul as the form of the body.⁶ The soul as form “animates” the body, in this image, and the meeting of the soul and body, form and content, is what makes a human being. Luther simply takes that image of the human and ponders that this formed matter (a body ensouled), is also matter for another form. But the form of *this* matter is the human’s future life. Humans are enlivened by their futurity. The future serves as a kind of collective soul for humanity. Luther makes the same claim for all of creation.⁷

Humans live out of their sense of the future and, for this reason, Luther closely identifies the image of God with human confidence in the face of death and human contentment with God’s grace, which procures that confidence. In sum, to be human is to hope and hope is directed to the health/salvation for all: the cosmos and the micro-cosmos that I am.⁸ When that hope is attenuated, despair results with a legion of forces arrayed against well-being. We turn now to describe the crisis of compromised mental health, which reflects the waning well-being of our bodies, our societies, and our planet.

Conditions of mental illness (facts/realities of mental illness) in Canada today

According to Mental Health Commission of Canada’s report in 2013, 19.8% of the population in Canada live with mental illness or problem in the year 2011. One in five people in Canada lives with mental illnesses or substance use disorder each year.⁹ Compared with the global average rate of 15.53%, Canada’s rate belongs among the nations with the highest levels, as is true for the United States.¹⁰

This data raises questions about Canada’s rate. Normally mental illness rate corresponds to social conditions such as education, economic status, community situation, and social location. Canada is perceived as one of the most stable countries in the world, and this high rate is surprising. Based on the concept of ‘holism,’¹¹ individual members’ mental health and the well-being of the entire society are co-related. If this is the case, what does higher rate of mental illness and suicide rate in Canada say about the well-being of the Canada as a whole? This higher rate of mental illness in Canada may indicate severe disparity between individual members’ well-being and the country’s well-being. Discerning the cause

⁵ LW 34, 139.

⁶ Aquinas, *Summa Theologica* I, 370-72 (I.75.1).

⁷ LW 34, 139, 140: “Just as whole creation which is now subject to vanity is for God the material for its future glorious form.”

⁸ LW 1, 68.

⁹ “Mental Health Commission of Canada,” Making the Case for Investing in Mental Health in Canada, 2013, https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf. See Appendix 1 for further information.

¹⁰ “Our Word in Data,” Global mental health: five key insights which emerge from the data, accessed March 10, 2019, <https://ourworldindata.org/global-mental-health>.

¹¹ “Holism,” Encyclopedia Britannica, accessed March 10, 2019, <https://www.britannica.com/topic/holism>.

of this disparity raises questions about unknown national systemic dysfunctions and led me to go beyond evidence based scientific research in order to comprehend overt and covert risk factors for mental illness in light of theological anthropology.

WHO defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."¹² This definition clearly implies that an individual's mental health is directly connected to enhancement of the well-being of the society as a whole. However, with this statement alone it is difficult to infer the important role of the society for the well being of the individual members. Accordingly, in dealing with mental health, we need to care for not only individuals with mental health problems but also the society as a whole.¹³ This also implies that becoming a holistic human person as the image of God occurs in the context of the society as a whole, and the society as a whole contributes to human fulfillment. However, noticing that mental health issues have been generally been approached from individual perspectives, in what follows I try to redeem a social perspective.

A strong co-relation between a higher rate of mental illness/substance use disorder and higher rate of suicide is observed in data. It has been proven that suicide rates are extremely high in Indigenous communities where mental illness and substance abuse disorder are very high. The co-relation between mental illness and suicide among Indigenous communities is clearly noticeable in the data. The rate of suicide among First Nations youth (aged fifteen to twenty-four years) across Canada is five to six times higher than among non-Indigenous peoples.¹⁴ Suicide rates for Inuit youth are among the highest in the world, at eleven times the national average in 2012.

This report already offers some hints to the question raised above. The disparity in the area of mental illness and health within Canada is found to exist between Indigenous groups and non-Indigenous groups, and so Canadian society has a responsibility to pay special attention to socio-cultural factors to understand mental health and illness in both Indigenous and non-Indigenous communities.

A Case Study of Lived Experience

In what follows, I make use of the film *Richard Cardinal: Cry from a Diary of a Métis Child*,¹⁵ to explore what it means to live with mental illness in Canada. This story is found to resonate with the experience of many Indigenous youth in Canada.

Richard was born in Fort Chipewyan and taken away from his parents, siblings, and native culture. He lived twenty-eight different placement situations until he committed suicide in the age seventeen. Richard is portrayed as a very lonely child disconnected from any meaningful relationships. During those periods, he developed some mental, behavioral and social problems. We can learn some of his inner struggles in his diary; "*I didn't want no one to love anymore, I have been hurt too many times... I was... feeling lonely and very*

¹² World Health Organization, *Social Determinants of Mental Health*, 2014. Retrieved from <http://bit.ly/2xhiGS2>.

¹³ Larry Kent Graham, *Care of Persons, Care of Worlds: A Psychosystems Approach to Pastoral Care and Counseling*, (Nashville: Abingdon, 1992).

¹⁴ Allison Crawford, *Suicide among Indigenous Peoples in Canada*, article, 2016. Refer to appendix 2 for more information.

¹⁵ "Richard Cardinal: *Cry from a Diary of a Métis Child*." National Film Board of Canada. Montreal: National Film Board of Canada 1986, https://www.nfb.ca/film/richard_cardinal/.

depressed... and think about suicide. " These segments show that he suffered from fear of abandonment and severe depression. He had a bedwetting problem which seems to be connected to his psychological struggle. In later years he was involved in shoplifting and wrist cutting. Because of his enuresis and depression, he was tossed like a hot potato from a foster home to foster home sixteen times. He was even put into some locked facilities because of his shop lifting problem. After long years of struggling with his unbearable pain, he said, "I just can't take this anymore..." He lost his will to live and quit his life.

This story reveals how one's mental suffering is directly connected to one's social milieu and explains the process of symptom development in certain individuals or groups. For any child, the experience of secure relationships with significant others at home, community, and culture is necessary to develop self identity, but Richard was deprived from all of these growth fostering relational milieu. Instead, he developed various psychological, behavior, and social problems. Viewed from a systemic perspective, his deprivation has to do with colonial policy against Indigenous culture. However, people in the dominant society tend to view individuals with mental illness to be responsible for the self, considers them as dangers to society, consequently isolating them, and eventually eliminating them.

This action of alienating simply reveals our blindness and prejudice about our roles in making other people ill. We all participate in this process, sometimes intentionally and other times unconsciously, and so share responsibilities for other people's symptoms. By disengaging and isolating them, we participate in dehumanizing them also. Ironically, however, those who dehumanize others get more dehumanized because they lose their capacity to be with others in this process. We become fully human being in so far as we are connected with others in love and compassion.

In this sense, the abyss of suffering people with mental illness should be viewed as a failure of cooperate responsibility of the society as a whole. The ill are not less human because of their illness. They bear the pains of our society. We even can perpetuate their symptom and pain by projecting our own anxiety onto them, just like a conflictual marital couple may try to maintain their conflictual marriage relationships by focusing on one weak child and, consequently, contribute to development of a symptom.¹⁶ They do that unconsciously and, actually, they need their child's symptom in order to avoid dealing with their real marital conflict. Likewise, people with mental illness in the society mirrors our dysfunction. That is the very important reason why we need to respond to the abyss of suffering others. Since we are often unconscious of it, we need to examine this issue profoundly. The abyss of these young people's suffering, especially among Indigenous communities, reveals uncomfortable truth about this society's unresolved conflict and responsibility and we need courage to confront this issue.

A Lutheran Diagnosis of Sin-writ-Large

The above demonstrates the broken character of Canadian society, wherein marginalized people become a kind of scapegoat for broad social dysfunction. Lutherans have typically used the hermeneutic of law/gospel to illumine sin and God's response to sin. This practice comes from Luther, who consistently and insistently spoke of the need for a

¹⁶ Refer to the concept of triangle and symptom development in Bowen theory. Roberta M. Gilbert. *The Eight Concepts of Bowen Theory: A New Way of Thinking About The Individual and The Group*, 7th ed., (Florida: Leading Systems Press, 2013), 48-49.

proper distinction of law and gospel. The 'law' addresses God's expectations of us, while the 'gospel' announces God's promise to us of unconditional love aside from our failure to achieve the law.¹⁷ Humans cannot perfectly fulfil the law, but that does not erase our responsibility to work towards right relationship: doing good works are necessary in the Christian life without being a cause of justification.¹⁸ Many have critiqued Luther's understanding of the law and some feminists have done so with a significant degree of perspicuity, noting how the language used in the law-gospel dialectic often presumes a particular experience of being human that may not be universal.¹⁹ A helpful corrective for this is located in the above section, which underscores that human complicity in sin is always social and cannot be reduced to the experience of individuals.

Human failures are always shared failures. This mitigates some of the dangers noted regarding a misuse of the law-gospel dialectic, but another important corrective – internal to Luther's thought – is found in his understanding the law as a diagnostic tool as much as, or perhaps more than, a tool for accusation. In the case of the latter, the goal of the preacher, etc. is to point to the pride/hubris of the sinner while the point of the former is to point to human sin (and especially systemic sin) as the cause of the suffering of the marginalized, such as is seen in the case of Richard. And so a dangerous use of the law would be to point principally to Richard's actions as evidence of his sin in order to make him crave the forgiveness of the gospel promise. A liberating use of the law would be to name Richard's sufferings as evidence of systemic sin in order to free him to experience grace as God's message of unconditional acceptance. But all of the above presumes an understanding of suffering. We turn to consider this now.

A Fuller Understanding of Human Suffering

Any response to human suffering requires a proper understanding of it first. To understand any fact, we need to reflect on the fact as comprehensively as possible as emphasized by Alvin Toffler who said "no single worldview can ever capture the whole truth."²⁰ However, there is a tendency in our society that assessment and treatment of mental illness are performed with highly individualistic approach. Medical and psychological models tend to miss seeing bigger and background factors by overly focusing on individuals. As the statistics show, much higher rates of mental illness of economically disadvantaged groups, of homeless people, and of First Nation youth tell us that causes are not only rooted within persons but in social milieu. We need to consider socio-systemic factors in order to

¹⁷ It is most helpful to underscore Luther's use of 'law' heuristically, and not pretend that what he means by 'law' is what Paul, or Luke, or Isaiah, or any given psalmist mean by this word.

¹⁸ Cf. Luther's "Disputation Concerning Justification," in LW 34, 172.

¹⁹ While Luther's understanding trades heavily on sin as hubris/pride, feminist scholars have noted how women's experience of sin may very well be understood differently. Cf. the classic treatment of this in the following: Valerie Saiving Goldstein, "The Human Situation: A Feminine View," *The Journal of Religion* 40, no. 2 (April 1960), 100-112. The argument has been taken in various directions since first articulated with some scholars noting how discourse around salvation from sin can be dangerous for women. Marit Trelstad, for example, points to the manner in which some rhetoric around the law-gospel hermeneutic echoes, and perhaps replicates, relationships of abuse which women endure – especially those in which men increasingly remind them that they are not good enough and follow up abuse with language of love and acceptance, only to repeat the cycle. Marit Trelstad, "Charity Terror Begins at Home Luther and the 'Terrifying and Killing' Law in *Lutherrenaissance Past and Present*, eds. Christine Helmer and Bo Kristian Holm (Göttingen: Vandenoek & Ruprecht, 2015), 209-23.

²⁰ Alvin Toffler, *The Third Wave*, (New York: Bantam Books, 1980), 379.

understand and treat persons holistically. Attempting to find causes within ill individuals alone is likely to lead to an unjust blaming of the individuals. Unjustly blaming can also lead to alienating those individuals. This individualistic view serves as a theoretical ground for rationalizing the dehumanization of the sick. This attempt also gives a community, a government, an organization, or a family a reason to forgo their cooperative responsibility to care for their individual members.

We see this to be the case especially when communal security or equilibrium is threatened. Authorities in a society easily misuse individualistic or psychological assessment as a way of political manipulation in order to avoid cooperate responsibility of the society for those who suffer with mental illnesses. They use it to justify their disengagement with those people with mental illness and certain cultural group. This individualistic approach alone can even be used as an instrument to alienate those individuals and lead to elimination of their lives, such as by suicide.

For a fuller understanding of mental health and human suffering, we need to understand individual's cultural experiences in addition to one's personal experiences. This is especially true when the individual belongs to a minority group or culture within the wider society as a whole. Based on the statement of Kluckhohn and Murray back in 1948, Lartey suggests three dimensions of human experiences, saying, "*Every human person is in some respects like all others, like some others, and like no other.*"²¹

Allison Crawford's analysis of mental illness and suicide phenomenon in Indigenous communities discloses fuller factors as she approaches these concerns systemically. She stresses the importance of historical and cultural experiences, which have been ignored in many other research reports, without undermining individual and personal experiences. As individual factors, she points out early childhood adversity, acute stress or loss, and mental illness. Among all these risk factors, depression and substance misuse are most commonly related to suicidal behavior, not only among Indigenous youth but also among the general Canadian population. The predisposing risk factors, such as early developmental adversity, can create a pathway of cumulative risk to the suicide rate. She also points out two groups of people in Canada who engage in suicidal behavior: a group that is younger than twenty-six years of age at first attempt and tends to have a history of childhood adversity, including physical and emotional abuse and cannabis misuse; and a group that is older than twenty-six years of age at first attempt and is characterized by depressive disorders.²² The former indicates a disturbance in psychological development and identity formation as a main factor, while the latter indicates mental illness as a main factor.

However, Crawford warns us that, if we pay attention to only individual factors, we are unlikely to comprehend the larger social and historical factors. Her excavation of historical and socio-cultural factors within the Indigenous communities in light of the wider social context unveils some background risk factors that provide answers to why the rate of suicide in the Indigenous communities is so high. She suggests two points to make her claim. First, historically a steady increase in suicide rate among Inuit communities is the phenomenon since the 1980s. There is no evidence that the rate was this high before.²³

²¹ Emmanuel Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 2nd Ed., (London and New York: Jessica Kingsley Publishers, 2003), 34. Refer to appendix 3 for further explanation.

²² Allison Crawford, *Suicide among Indigenous Peoples in Canada*, article, 2016.

²³ *Ibid.*, 5.

Second, at a sociocultural level, the colonial context of settling Indigenous populations into reserves and settlements, and the governmental policies surrounding education, social welfare, justice and policing, are significant sources of distress to the Indigenous people.²⁴ Based on the report of the Royal Commission of Aboriginal Peoples, Crawford points out that the colonial policy of the then Canadian governments has intentionally and in ignorance absorbed Aboriginal people into the dominant society and thus eliminated them.²⁵

Here, the need to pay special attention to the influence of colonialism emerges as an important point in understanding mental illness in Indigenous communities. An important factor is undoubtedly the role of colonialism as an on-going legacy with a major effect in the life-style of people in the dominant culture. A fundamental problem of colonialism is the negation of Indigenous lifestyles, values, beliefs, and ways of life, especially as seen in the negation of the other's culture and imposition of one's own culture.

Colonialism's On-going Legacy and a Theology of Being Human

While the effect of colonialism has been felt acutely in the Indigenous community, its effects have not been isolated to this community, nor are its effects to be localized as an individual instance in abstraction from larger historic and geographic patterns. Empires have flexed their muscles for centuries, but something has happened here on a larger scale that demands a theological accounting for what is occurring.

In her book, *This Changes Everything*, author Naomi Klein outlines how colonialism combined with the development of the steam engine and the practice of accumulating capital in the modern era to create a powerful three-fold braid.²⁶ The practice of capitalism merged with a growing globalization to effect an environmental crisis that we are only beginning to feel. This trend has been exacerbated by what Klein names as the three-fold danger of privatizing public institutions, deregulation, and seeing lowering taxes as a non-negotiable public good.²⁷ Larry Rasmussen describes how globalization undoes the distance planetary evolution procured with the separation of Pangaea, so that the 'Incans were introduced to smallpox' etc.²⁸ Rasmussen attributes human activity in this modality of unbridled growth to the three illusions of being allowed to bypass natural rhythms without further ado, thinking we can control nature, and thinking that scale does not matter.²⁹ On this latter point, he notes that, in the last fifty years, humans have outpaced the level of production in all of human history.³⁰

Many Indigenous people in North America use the phrase "all my relations" to remind themselves that all beings are related and share a common fate.³¹ This shared fate, then, theologically informs our notion of systemic sin, reminding us of its organic and cosmic consequences, such that Paul can affirm:

²⁴ Ibid., 6.

²⁵ Ibid., 6-7.

²⁶ Naomi Klein, *This Change Everything* (Toronto: Simon and Schuster, 2014), 176.

²⁷ Klein, *This Changes Everything*, 19, 72.

²⁸ Larry Rasmussen, *Earth-honoring Faith: Religious Ethics in a New Key* (Oxford: Oxford University Press, 2013), 61.

²⁹ Ibid., 53.

³⁰ Ibid.

³¹ Randy Woodley, *Shalom and the Community of Creation: An Indigenous Vision* (Grand Rapids, MI: Wm. B. Eerdmans Pub. Co., 2012), 81.

19 For the creation waits with eager longing for the revealing of the children of God;
20 for the creation was subjected to futility, not of its own will but by the will of the
one who subjected it, in hope 21 that the creation itself will be set free from its
bondage to decay and will obtain the freedom of the glory of the children of God.
(Romans 8:19-21, NRSV)

Human sin is not only systemic in character but also of cosmic consequence. But how might this inform our understanding of being human?

Richard's case shows that to be a human person means to be connected to self, family, one's culture of origin, and creation. The home for which he so yearned was taken away from him, and he could not find it again in his life journey. He was disconnected from all these essential communities and hope itself was eventually eliminated. This compelling story resonates with many cries and voices of people with mental illness caused by systemic oppression and colonial forces, not only in Indigenous communities but also in other parts of the world and also touches all humanity in varying degrees. Indeed, the reach of colonialism across the globe with environmental consequences has resulted in an illness named 'solastalgia,' which is characterized by distress from the climate destruction from the land.³²

This suggests the need for renewed theological understanding of what it means to be a human being and what it means to be human in this contemporary context. Above all, this case reveals that living fully as a human person is possible in a life-giving interaction between the individual, community and creation. A theological anthropology should reflect that our most compelling experiences engage contexts of hope, including our cultural identity as well as our identity as a creature in relationship with all creation; these are crucial for human fulfillment. In this sense, from a theological perspective, living as an *Imago Dei* means living with right relationships among culturally different others and in harmony with creation.

The theology of human person in Judeo-Christian tradition is firmly rooted in the *Imago Dei*.³³ Many modern theologians, such as Migliore, see humans' special capacity to relate to self, others, and God in love as the ground to be God's image.³⁴ Living as an *Imago Dei* means living in a right relationships with others before God. Being a holistic human person means being connected to all dimensions of our life; emotional, psychological, physical, intellectual, relational, and spiritual. This core capacity in Richard was severely impaired as the result of repeated experiences of abandonment from others. Experiencing a true community, which is characterized with love, equality, and inclusivity, is necessary for him to recover from his impairment of relationship and from mental illness.³⁵

Unfortunately, this theological meaning of *Imago Dei* has been misinterpreted and consequently used as a tool to disrespect people of other cultures. Individualistic interpretations of *Imago Dei* have even been used to support and perpetuate internalized dehumanization of people with different race, culture, and religion. With this view,

³² Klein, *This Changes Everything*, 165.

³³ John Sachs, *The Christian Vision of Humanity*, (Minnesota: Liturgical Press, 1991), 11-26.

³⁴ Daniel L. Migliore, *Faith Seeking Understanding: An Introduction to Christian Theology*, 3rd Ed., (Grand Rapids, Michigan: Wm. B. Eerdmans Publishing Co. 2014), 143-145.

³⁵ John Sachs, *The Christian Vision*, 38.

Christians have attempted to replace native cultures, traditions, and older religions, which caused grave suffering to humanity in God's name. This is an oppression.

It is not only the oppressed, however, but also the oppressor who are dehumanized. As WHO defines that mental health involves contribution to well being of communities, one is not in the state of well being if he or she does not contribute to the well being of others. Forsaking others' well being for the sake of one's own does not lead him or her to self-fulfillment. By rejecting the need of others, one is likely to lose his or her humanity. Self-fulfillment is enhanced by enhancing fulfillment of others. To be a fully human means to live with others in love. Indeed, the above analysis holds as well for our relationship with creation.

Luther drew upon an ancient understanding of what it means to be human in his lectures on Genesis when he noted:

In the remaining creatures God is recognized as by [God's] footprints; but in the human being, especially in Adam, [God] is truly recognized, because in [Adam] there is such wisdom, justice, and knowledge of all things that he may rightly be called a world in miniature.³⁶

In this quotation, the human is simultaneously lauded and humbled. Not only are they made in the image of God, but they also image creation.³⁷ In that we desecrate nature, then, we are devaluing ourselves. Humans are called to respect themselves by respecting one another and by respecting the world in which we live. At the core of this respect is seeing a future in God, creation, the other, and the self. This is the condition for the possibility of hope, and 'hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us' as Paul notes in Rom. 5:5. In closing, then, we consider some sources of hope for being human in a time of cataclysmic change, especially as we consider how we treat those suffering from mental illness, including those kinds of illnesses precipitated by systemic and cosmic injustices.

Conclusion

What, then, will be an appropriate response to the people with mental illness in the society? In addition to our efforts to care for persons in individual levels, we as members of the society need to care for the social system, specifically to restore just relationships among cultures and across creation. We need to overcome colonialism which rejects the need of other cultures and devastates the cosmos. By enhancing justice, reconciliation, and engagement, we can co-create environment where individuals find recovery for their health in all respects. This involves government policy change, redistribution of resources, and just action for the health of the planet.

We might find that a return to Luther's vision of hope for the future might enhance our capacity to be empathetic with all of creation. As noted above, this image of the future being the form for the material of our embodied soul holds for his vision for the earth as well. God imagines that healing a soul comes with the healing of a body, as well as the healing of

³⁶ LW 1, 68.

³⁷ See Allen G. Jorgenson, "Beyond Luther's Imago Dei: Imaging a Modest Humanity," *Canadian Theological Review* 3, no. 1 (2014):66-81.

the cosmos. Spiritual wellness, then, comes from courage, and courage empowers us when we have a vision of hope that enables us to engage rather than disengage, to enter community rather than shun it, to find solidarity with all communities of sufferers – including nature, whereby we can find the kind of compassion that makes solidarity a reality, makes hope a communal good, and so allows a healing of our spirits.³⁸

What is the hope? In the midst of despair, how can hope be generated? In Christian perspective, hope is generated by grace. Hope, like faith, is a gift that comes to us in our encounter with God's word, now the Holy Scriptures speaking to our hearts, and now the Sacred Word functioning like a lens allowing us to see creation in a new light. These experiences of the book of God, and the book of Nature engender in us a compassion for the suffering in our society. This compassion is deeply rooted in the divine incarnation of God for us in Christ, the one who was in the beginning. This compassion expresses God's initiative engagement with suffering human beings and with a burdened creation. In Jesus Christ, God was engaged with radically different others, not for God but for the radically different others, and indeed for the *cosmos*, which God so loves. It is God's way to liberate the oppressed.

Mental illnesses, including addiction disorders, are symptoms of a spiritual crisis of our society. It is a sign of failed spirituality because a true spirituality naturally leads us to compassion with others. The 'demons' of colonialism/nationalism/individualism in today's culture has been treated as conditions in need of a private or subjective response, which only exacerbates the situation. This crisis, however, can become an occasion to see God's grace operative around us such that we discern a future together, and so embrace the hope that sustains and strengthens character, endurance, and compassion. In compassionate solidarity with others and in caring for the planet by seeing hope as a future, space opens up for being human.

Compassion is taking part in the suffering of the other, being a fellow-human-being in suffering, and enduring a simpler life for the good of the earth. God's love is shown to us by his becoming a partner and a companion in our suffering, thus enabling us to experience suffering as a way to liberation.³⁹ Being human, then, is about being free and being a servant, as Luther famously put it: "A Christian is a perfectly free lord of all, subject to none. A Christian is a perfectly dutiful servant of all, subject to all."⁴⁰

Paradoxically, as we wager our service to those most in need, we encounter a freedom that liberates us in our own oppression. Here is where we most clearly meet the humans we are, those willing to befriend others to help them to find their dignity, to guide the broken to spiritual centers where they can find the thirst behind the thirst, and to shape the church into a community of friendship.⁴¹

Being human is finally about being in right relationship. Here is where the image of God shines through most fully, and here is where the cosmos finds the human to be a partner, rather than a tyrant.

³⁸ Henry Nouwen, *Reaching Out: The Three Movements of the Spiritual Life*, (Toronto: Doubleday, 1986), 55-62.

³⁹ Henry Nouwen, *The Spiritual Life: The Eight Essential Titles*, (New York: Harper Collins, 2016), 482-483

⁴⁰ LW-31, 344.

⁴¹ John Swinton, *Resurrecting the Person: Friendship and the Care of People With Mental Health Problems*, (Nashville, TN: Abingdon Press, 2000), 31.

Appendix

1. The study projects that there will be no significant change in the rate except a slight increase to 20.5% in 2041. Mood and anxiety disorders are the most prevalent conditions for all ages, affecting 11.75% of the population. The next highest prevalent condition is substance use disorder affecting 5.9% in 2011. Cognitive impairment and dementias affect 2.17% of the population. (Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013.)
2. According to Crawford, First Nations in Canada have suicide rates double that of the national average, and Inuit communities tend to have even higher rates (six to eleven times the Canadian average). This report also shows that the susceptibility of First Nations youth to suicide is the highest. The rate of suicide among First Nations youth (aged fifteen to twenty-four years) across Canada is five to six times higher than among non-Indigenous peoples. (Allison Crawford, *Suicide among Indigenous Peoples in Canada*, article, 2016.)
3. The first dimension is an individual's unique experiences including individual and personal characteristics and psychosocial which are unique to individuals. The second dimension is the "human characteristics," referring to that which all humans as humans share such as physiological, cognitive and psychological capabilities. The third dimension is "cultural experiences," which include characteristic ways of knowing, interpreting and valuing the world which we receive through the socialization processes we go through in our social groupings.

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